| UNITED STATES HOUSE OF REPRESENTATIVES For New Mem | FORM B For New Members, Candidates, and New Emptoyees | LEGISLATIVE RESOURCE CENTER |
|---|---|---|
| Name: HENRY Hombein SR Daytime Telephone: | ephone: | OFFICE OF THE CLERK |
| New Member of or Candidete for State: TN U.S. Housa of Representatives District: 02 FILER Candidates – Date of Election: 2 AW 18 | Check if Amendment | U.S. HOUSE OF REPRESENTATIVES (Office Use Only) |
| New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant | Period Covered: January 1, | A \$200 penaity shsil be assessed against any Individual who files more than 30 days late. |
| PRELIMINARY INFORMATION - ANSWER EACH OF THESE QU | QUESTIONS | |
| A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any raportable asset during the reporting period? | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | gh the reporting Yes No |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No reporting period? | F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? | arrangement with an Yes No X |
| D. Did you, your spouse, or your dependent child have any reportable Yes No Xi liability (more than \$10,000) at any point during the reporting period? | J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | \$5,000 from a Yes No No |
| ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE | SCHEDULE IF YOU ANSWER "YES" ES THAT YOU ARE REQUIRED TO | COMPLETE |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO | ON - ANSWER BOTH OF THESE QUESTIONS | QUESTIONS |
| TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this raport details of such a trust that benefits you, your spouse, or dependent child? | in other "excepted trusts" need not be disclosed. H | lave you excluded Yes No No |
| EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of s spouse or dependent exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | s of s spouse or dependent child because they meet all three tests for | tall three tests for Yes No X |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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|---|----------|--------------|---|-----------------------|----------------------------|-----------------|--------|--|---|--|---|---|--|--|--|---|--|------------------------------|---------|
| | | | | ABC Hedge Fund X | Exemples: Simon & Schuster | Mege Corp Stock | EIF | income source is that or your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a datalled discussion of Schedule A requirements, please refer to the instruction booklet. | If you report a privately-traded fund that is an Excepted investment Fund, plassa check the 'Elf' box. If you so choose, you may indicate that an asset or | Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or incoma derived from, a federel retiremant progrem, including the Thrift Sevings Plan. | For an ownership interest in a privately-held business that is not publicly traded, state the neme of the business, the nature of its activities, and its geogrephic location in Block A. | For rental and other real property held for investment, provide a complate address or description, e.g., "nental property," and a city end state. | For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing eccounts. | the account that exceeds the reporting thresholds. | For all IRAs and other retirement plens (such as | Provide complete names of stocks and mutual funds (do not use only ticker symbols). | production of income and with a fair market value exceeding \$1,000 at the and of tha reporting period, end (b) eny other reportable assat or source of income which generated more than \$200 in "uneamed" income duning tha year. | Assets and/or income sources | BLOCK A |
| | | | | | | X | 7 | None | | | W W W | | ¥ 9 3 | _ | | | | | |
| | | lacksquare | | · · · · · · | 1 | ſ | | \$1-\$1,000 | | | | | 6 | , | | a a a | usa a valuation mathod specify the method used fir an asset was sold durin only because it general thora. | Ï | |
| | | | | | 5 | H | | \$1,001-\$15,000 | | | | | | , | | ¥ M | the I | ĺ | į |
| | | | | | ndefinite | - | | | | | | | | | | خ خور | meth neth | 5 | |
| | | | <u> </u> | - | 8 | \vdash | | \$15,001-\$50,000 | | | | | | | | ± 36 | od u | | |
| | | | ļ | | Ļ | > | < | \$50,001-\$100,000 | | | | | n | n . | | Xats Ve n | hod burin | 4 | |
| | <u></u> | | ļ., | <u> </u> | 1 | L | | \$100,001-\$250,000 | | | | | ٦ | | | i e | othe othe | 2 | EC |
| | | | | × | L | | | \$250,001-\$500,000 | | | | | G | > | | *Column M is for assats held by child in which you heve no interest | inco | 9 | BLOCK B |
| | - | | | | | | | \$500,001-\$1,000,0 | 10 | | | | 3 | : | | *Column M is for assats held by your spousa or dependen child in which you heve no interest. | usa a valuation mathod other than fair markat value, please specify the method used. If an asset was sold during the reporting pariod and is included only because it generated incoma, the valua should be though | Value of Asset | В |
| | | \Box | | | Τ | | | \$1,900,001-\$5,000 | 000 | | | | | - | | I SP | g pa ⊪i | <u> </u> | |
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| | | | <u> </u> | ļ | + | 1 | | NONE | | | | | | | | wing Winner | that gene 401(k), IR the 'Tax interest, reinveste | Ì | |
| | | | | | \perp | , | Υ . | DIVIDENDS | | | | | | | | 등 # 출 | Tax | È | |
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| | | | | | | Г | | INTEREST | | | | | | | | for assets held in taxable "None" if the asset gene during the reporting period. | penerete tax-deferred income (), IRA, or 529 accounts), your "Tax-Deferred" column. <i>E</i> est, and capital gains, ested, must be disclosed a | type of meaning | 8 |
| | | | | | | T | | CAPITAL GAINS | | | | | | | | et g | accor aplit | 3 5 | вгоск с |
| | | 1 | 1 | _ | 1 | T | | EXCEPTED/BLIND | TRUST | | | | | | | 50 00 00 | terred in counts), column ital ga | 3 2 | C |
| | <u> </u> | | - | - | + | ╁ | _ | TAX-DEFERRED | | | | | | -1 | | aled 600 | inco | 7 2 | |
| | | | | Partnership Income | Royalles | | | Other Type of Inco | ne (Specify: e.g. | , Partnership Incom | e or Farm Incom | | | | | for assets held in taxable accounts. Check "None" if the asset generaled no income during the reporting period. | | | |
| | | | 1 | <u> </u> | L | 1 | | None | | | | · - | | | | | assets capital Chack | | |
| | | <u> </u> | | Ļ. | Ļ. | , | × | \$1-\$200 | | | | | === | | | | | | |
| | | | | <u> </u> | ┶ | 1_ | _ | \$201-\$1,000 | | | | | * | | | | dica dica | | |
| | ļ | | | _ | \downarrow | | | \$1,001-\$2,500 | | | | | × | | | | indicate the category of income by checking the appropriets box below. Dividends, interest, and indicate the category of income by checking the appropriets box below. Dividends, interest, and I gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. "None" if no income was earned or generated. "None" if no income was earned or generated. In XII is for assets held by your spousa or dependent child in which you have no interest. | | |
| | | | | L | × | 1_ | | \$2,501-\$5,000 | | | ' | | | Current Year | | | en in | | |
| | | | | × | \perp | L | | \$5,001-\$15,000 | | | | | 8 | Ē | | | tego ome | | |
| | | | | | L | 1 | | \$15,001-\$50,000 | | | | | ¥ | ₹ | | | was was | | |
| | | | | | | | | \$50,001-\$100,000 | | | | | MA | 왕 | | | ean yyo | i | |
| | | L | L | | | | | \$100,001-\$1,000,0 | 00 | | | | × | | | | mus mus | , | |
| | | | | | Γ | Ι | | \$1,000,001-\$5,000 | 000 | | | | × | | | | by c | 3 | • |
| | | | | | Γ | Γ | | Over \$5,000,000 | | | | | 8 | | | | nere mere | ĕ | |
| | | | | | | Ι | | Spouse/DC Income | over \$1,000,00 | 0* | | | ¥ | | | | ted grand | 3 | . E |
| | | | | Т | | Т | | None | | | | | - | П | | | nde de | Amount of Income | BLOCK D |
| | | | | | T | Ť | | \$1-\$200 | | | | | = | | | | nt ch | , <u>u</u> | 0 |
| | | † · · · · | T | | T | 1; | × | \$201-\$1,000 | _ | | | | ÷ | | | | eld in contract | ğ | |
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| | | | | T | × | +- | | \$5,001-\$15,000 | | | | | S | 8 | | | elow fund | | |
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| | | | | <u></u> | | | | Spouse/DC Incom | over \$1,000,00 | υ | | | Š | | | | \$ 2 g | | |

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|----------|------------------------------|----------------|------------------|---|-----------------|--|--|--------------|--|------------|--|----------|---------------|---|---|----------|---|--|---|---|
| BLOCK A | Assets and/or income Sources | | | | ASSET NAME | | | | | | | | | | | | | | | |
| H | 89. | | | | | | 100 | _ | _ | | | <u> </u> | _ | | | | | | | _ |
| + | | $\overline{}$ | | None | 7 | | | | | | _ | | | - | - | | - | | - | - |
| - | | | | \$1-\$1,000 | - | | - | - | | | | | | | _ | | | | | |
| 1 | | | | \$1,001-\$15,000 | | | - | - | - | | | | | | | | | | | 7 |
| | | -1 | | \$15,001-\$50,000 | | | | - | _ | | | | | | | | | | | |
| 1 | < | | ħ | \$50,001-\$100,000 | - | - | - | | | | 1 | | | _ | | | | | - | - |
| 120 | <u>e</u> | | 7 | \$100,001-\$250,000 | | | - | - | | | | | | _ | | | _ | | | - |
| вгоск в | 9 | -0.4 | • | \$250,001-\$500,000 | | | - | - | | | | | | - | _ | _ | | | | - |
| 8 | Veiue of Asset | and the last | 3 | \$500,001-\$1,000,000 | | | 1 | - | - | | | | | | | | | | | - |
| | set | _ | | \$1,000 001-\$5,000,000 | | | | | | | | | | | | | | - | 1 | |
| 1 | | | | \$5,000,001-\$25,000,000 | | | - | 1 | | | | | | | | | | | | |
| | | | > | \$25,000,001-\$50,000,000 | | | | - | - | - | | | | | | | | | | |
| | | | r | Over \$50,000,600 | | | | T- | | [| | | | | | | | | | _ |
| ŀ | | | | Spouse/DC Asset over \$1,000,00 | | | | | | | | | | | | | | | | _ |
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| BLOCK. | 3 | -1 | | CAPITAL GAINS | | - | | _ | | | | | _ | | | | | | | _ |
| -10- | on | - | ., | EXCEPTED/BUND TRUST | | <u> </u> | - | | - | | | | | | | | | | | _ |
| | ă | _ | | TAX-DEFERRED | | | _ | | | _ | _ | _ | | | | | | | | |
| | | | r e.g., come) | Other Type of Income (Specify: e. Partnership Income or Farm Incom | | | | | | | | | | | | | | | | |
| | | | - | None | | | | | | | | | | | | | | | | |
| | | -1 | 222 | \$1-\$200 | | | | | | | | | <u> </u> | | | | | | | |
| E | | | 100 | \$201-\$1,000 | | | | | | | | | | | | | | | | |
| | | | ₹ | \$1,001-\$2,500 | | | <u> </u> | | | | | | | | | | | | | _ |
| | | Current Year | | \$2,501-\$1,000 | | | | | | | | | | | | | | | | |
| I | | 3 | \$ | \$5,001-\$15,000 | | | | | | | <u> </u> | | | | | | | | | _ |
| | | 31 | ¥ VIII | \$15,001-\$50,000 | | | | | | | | | | | | | | | | |
| L | | ě | | \$50,001-\$100,000 | \leq | ļ | - | _ | | | _ | | | | | | | - | _ | |
| 1 | | | 2 | \$100,001-\$1,000,000 | | | | | - | | - | | _ | | | | · | - | | |
| - | Amount of Income | | × | \$1,000,001-\$5,000,000 | | - | - | | - | | - | | | | | | | - | | |
| <u>_</u> | Š | | 25 00000 | Over \$5,000,000 Spouse/DC Income over \$1,000,0 | | - | + - | | | _ | | | | _ | | | | | | |
| BLOCK D | of | | | Spouse/DC Income over \$1,000,0 | | | - | - | | | - | _ | - | | | - | | | | |
| <u> </u> | To | Í | • " | \$1-\$200 | 1 | | - | - | - | - - | | | | | | | | | | - |
| ŀ | ğ | ļ | 瀬 | \$201-\$1,000 | | | + | + | | | | — | | | | | | | | |
| | W. | _ [| | \$1,001-\$2,500 | \vdash | | | | | | | | | | | | _ | | | |
| 1 | | Preceding Yeer | ~ | \$2,501-\$5,000 | | | | | 1 | 1 | | | - | | | <u> </u> | | | | - |
| 上 | | ž | × | \$5,001-\$15,000 | | | | | | | | | | | | | | | ~ | |
| | | 2 | \$ | \$15,001-\$50,000 | | | | \vdash | 1. | | | | | | | | | | | |
| | | 호 | ¥ | \$50,001-\$100,000 | >< | | | | | | | | | | | | | | _ | |
| | | * | 宋 | \$100,001-\$1,000,000 | | | | | | | | | | | | | | | | |
| | | . (| × | \$1,000,001-\$5,000,000 | | | | | | | | | | | | | | | | |
| | | | 8 | Over \$5,000,000 | | | | | | | | | | | | | | | | |
| | | _ 1 | 00,000° ¥ | Spouse/DC Income over \$1,000,0 | | | | | | | | | | | | | | | | |

Name: HENRY HAMBUN JR

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 3 of

SCHEDULE C - EARNED INCOME

Name: TAMBUN Page 앜

List tha source, type, and amount of earned income from any source (other than the filer's current ampkyment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and fillar's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), fadaral retirement programs, and banefits received under the Social Sacurity Act.

INCOME LIMITS end PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. Tha 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's feas, and payments for

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

| Course (include date of receipt for honoraria) | Type | Am | Amount |
|---|--------------------------------|------------------------|----------------|
| Course (include date of receipt for nonoralia) | Type | Current Year to Filing | Preceding Yeer |
| ABC Trade Association, Betitimora, MO (July 15) | Honorarium | \$0 | \$500 |
| EXAITIOIES: Civil War Roundtable (Oct. 2) Ontario County Board of Education | Spouse Speech Spouse Salary | \$0 N/A | \$1,000 N/A |
| US ARMY | FETIPLE MENT | \$17,455 | 141500,52 |
| VETERANS AFFAIRS PENSION | PENSION | \$17,55% | 142,06.90 |
| SSD | PENSION | x 04168 | 129 37600 |
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SCHEDULE D - LIABILITIES

Name: HENRY HANSUN Page 5 of 6

exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the higheat amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you are personally liable); and (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period *Column K is for liabilities held solely by your spouse or dependent child.

| | | | | | SP. OC. JT | | , | |
|-----------------------|-------------------------|------------------------------|-----------------------|--|--|-----|---------------------|--|
| 412 | 412 | 4/2 | Sovem | Example | | | | |
| 412 FROBING CRABT VAN | 412 FERREN CARDIT VINON | 712 FEDRAGE CARDIT MAN 03/16 | SURANCE LANDARY CHONE | First Bank of Wilmington, DE | Creditor | | | |
| 04/17 | 06/16 | 03/16 | 81/18 | 5/98 | Date Liability Incurred MO/YR | | | |
| RODT | CAMPAR | VERICUA LOAC | 1949 WW | Mortgage on Rental Property, Dover, OE | Type of Liability | | | |
| X | | | | | \$10,001- \$15,000 | > | | |
| - | 7 | × | | | \$15,001- \$50,000 | æ | 1 | |
| | | | | | \$50,001- \$100,000 | c | | |
| | | | | × | \$100,001- \$250,000 | 0 | | |
| | | | × | | \$250,001- \$500,000 | ltι | Amount of Liability | |
| | | | | | \$500,001- \$1,000,000 | 711 | of Li | |
| | | | | | \$1,000,001- \$5,000,000 | ရာ | ability | |
|] " | | | | | \$5,000,001- \$25,000,000 | x | | |
| | | | | | \$25,000,001- \$50,000,000 | *** | | |
| | | | | | Over \$50,000,000 | ٠. |] | |
| | | | | | Over \$1,000,000* (Spouse/DC Liability) | * | 1 | |

SCHEDULE E - POSITIONS

or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidatea report positions held in the reporting Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, period and the current calendar year. First-year candidatea and new employees report positions held in the current calendar year and two previous years,

| | | 141/ | Position |
|--|--|------|----------------------|
| | | | Name of Organization |

SCHEDULE F - AGREEMENTS

Name: Homew on Page 0 잌

employer. Identify the date, parties to, end general terms of any agreement or arrangement that you have with respect to: future employment; e leave of ebsence during the period of government service; continuation or deferral of payments by a former or current employer other then the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

| Date | Parties to Agreement |
|------|----------------------|
| | |
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SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensetion received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the nemes of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

| Source (Name and City/State) | Brief Description of Duties |
|---|-----------------------------|
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting Services |
| N/A | |
| | |
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